PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032

Under the R	on unless it displays	a valid OMB	control number.					
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application N	T to pilloution T turnout		0/735,910		
FEE TRANSMITTAL			Filing Date		December 16, 2003			
	For FY 20		First Named Inventor Ru Chi HUANG et					
<u> </u>	1011120	Examiner Nar	Examiner Name L.					
X Applicar	nt claims small entity statu	Art Unit						
TOTAL AMOU	INT OF PAYMENT	(\$) 60.00	Attorney Dock	ket No.	02240-199065			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit A	X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP							
For the	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
			EARCH FEES	EXAMIN	IATION FEES			
Application T	ype Fee (\$	Small Entity	Small Entit	<u>ty</u> Fee (\$)	Small Entity Fee (\$)	Foos I	Paid (\$)	
Utility	<u>ype </u>) <u>Fee (\$) </u>	— . ——	200	100	1000.	aid (y)	
Design	200	100 100		130	65			
Plant	200			160	80			
					•			
Reissue	300	150 500		600	300			
Provisional	200	100	0 0	0	0		- "F-4"	
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
					ultiple Depende			
-20 = x 50 =				Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
-3 = <u>× 200</u> =								
3. APPLICATION	ber of independent claims p ON SIZE FEE	aid for, if greater than 3.						
If the specific	ation and drawings ex	sceed 100 sheets of pape						
		the application size fee of			itity) for each ad	Iditional 50	0	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							<u>Paid (\$)</u>	
100 = /50 (round up to a whole number) x 4. OTHER FEE(S)					× =	Fees	Paid (\$)	
		\$60.						
Petition for Extension of time (1-month) \$60.00								
SUBMITTED BY								
Signature	C 1. H	on	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000		
Name (Print/Type) Ann S. Hobbs, Ph.D.					Date	August 21, 2006		

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In re application of:

HUANG et al.

Appln. No. 10/735,910

Filed: December 16, 2003

For: METHOD FOR TREATMENT OF

TUMORS USING

NORDIHYDROGUAIARETIC

ACID DERIVATIVES

Art Unit: 1614

Examiner: L. Royds

Atty. Docket No.: 2240-199065

Customer No.:

26694

AMENDMENT AND RESPONSE TO RESTRICTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

2006.

This paper is filed in response to the U.S. Patent and Trademark Office Action of June 20,

Amendments to the claims begin on page 2.

Remarks begin on page 6.

A Petition for Extension of time is filed concurrently herewith. Please charge or credit any discrepancies to Deposit Account No. 22-0261 and notify the undersigned accordingly.